

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District Of Texas Southern

(State)

Case number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** T.P.I.S. Industrial Services, LLC

2. **All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 20 - 1 6 2 6 7 1 7

4. **Debtor's address**

Principal place of business

5121 Oak Avenue

Number Street

Pasadena

City

TX

State

77503

ZIP Code

HARRIS

County

Mailing address, if different from principal place of business

P.O. Box 7700

Number Street

P.O. Box

Pasadena

City

TX

State

77508

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

5. **Debtor's website (URL)** _____

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

— — — —

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor T.P.I.S. Industrial Services, LLC Case number (if known) _____

Name

16. Estimated liabilities

- ☐ \$0-\$50,000
 ☒ \$1,000,001-\$10 million
 ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000
 ☐ \$10,000,001-\$50 million
 ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000
 ☐ \$50,000,001-\$100 million
 ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million
 ☐ \$100,000,001-\$500 million
 ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/02/2018
MM / DD / YYYY**X**s/Juan F. Ocampo

Signature of authorized representative of debtor

Juan F. Ocampo

Printed name

Title President

18. Signature of attorney

Xs/Margaret M. McClure

Signature of attorney for debtor

Date

04/02/2018

MM / DD / YYYY

Margaret M. McClure

Printed name

Law Office of Margaret M. McClure

Firm name

909 Fannin, Suite 3810

Number Street

Houston

City

TX
State77010
ZIP Code(713) 659-1333

Contact phone

Margaret@mmmclurelaw.com

Email address

00787997

Bar number

TX
State

UNITED STATES BANKRUPTCY COURT
District of Texas Southern
Houston Division

In re:

Case No. BKY

T.P.I.S. Industrial Services, LLC,

Debtor(s)

Chapter 11 Case

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Juan F. Ocampo, declare under penalty of perjury that I am the President of T.P.I.S. Industrial Services, LLC, a Texas corporation and that on March 22, 2018 the following resolution was duly adopted by the Shareholders of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Juan F. Ocampo, President of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Juan F. Ocampo, President of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Juan F. Ocampo, President of this corporation, is authorized and directed to employ Margaret M. McClure, attorney and the law firm of Law Office of Margaret M. McClure to represent the corporation in such bankruptcy case."

| | |
|----------------------------|--|
| Executed on: April 2, 2018 | Signed: s/Juan F. Ocampo |
| | Juan F. Ocampo P.O. Box 7700, Pasadena, TX 77508 (<i>Name and Address of Subscriber</i>) |

Fill in this information to identify the case:

Debtor name T.P.I.S. Industrial Services, LLC

United States Bankruptcy Court for the: District of Texas Southern

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*\$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B*\$ 3,008,171.321c. **Total of all property:**Copy line 92 from *Schedule A/B*\$ 3,008,171.32**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*\$ 2,030,792.823. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 71,881.043b. **Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+ \$ 451,381.61

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 2,554,055.47

Fill in this information to identify the case:Debtor name T.P.I.S. Industrial Services, LLCUnited States Bankruptcy Court for the: District of Texas Southern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 1,777.76**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking (Main)9 2 1 0\$ 8,966.933.2. See Attachment 1

\$ _____

See Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 203,393.48

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____ \$ _____

7.2. _____ \$ _____

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: \$1,185,922.41 - \$0.00 = → \$1,185,922.41
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$23,836.43 - \$0.00 = → \$23,836.43
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,209,758.84**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|-------------------------------------|--|---|------------------------------------|
| 19. Raw materials | MM / DD / YYYY | \$ | | \$ |
| 20. Work in progress | MM / DD / YYYY | \$ | | \$ |
| 21. Finished goods, including goods held for resale | MM / DD / YYYY | \$ | | \$ |
| 22. Other inventory or supplies | MM / DD / YYYY | \$ | | \$ |
| 23. Total of Part 5 | | | | \$ |

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?☐ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value Valuation method Current value**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops—either planted or harvested | \$ | | \$ |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish | \$ | | \$ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | \$ | | \$ |
| 31. Farm and fishing supplies, chemicals, and feed | \$ | | \$ |
| 32. Other farming and fishing-related property not already listed in Part 6 | \$ | | \$ |

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | | | |
| _____ | \$ _____ | _____ | \$ _____ |
| 40. Office fixtures | | | |
| _____ | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| SEE ATTACHED LIST - OFFICE EQUIPMENT & FURNITURE | \$ _____ | _____ | \$ 27,500.00 |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 27,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

OFFICE EQUIPMENT AND FURNITURE

1407 · Office Equipment:4 Laptops Field:Vostro 3520-JC-#TPIS006 Fixed Asset **\$250.00**

1407 · Office Equipment:4 Laptops Field:Vostro 3520-JT-#TPIS008 Fixed Asset **\$250.00**

1407 · Office Equipment:4 Laptops Field:Vostro 3520-RC-#TPIS007 Fixed Asset **\$250.00**

1407 · Office Equipment:4 Laptops Field:Vostro 3520-TH-#TPIS009 Fixed Asset **\$250.00**

1407 · Office Equipment:Avaya Phone system Fixed Asset **\$2,000.00**

1407 · Office Equipment:Dell:Dell#001 Fixed Asset **\$1,500.00**

1407 · Office Equipment:Dell:Dell#002 Fixed Asset **\$1,500.00**

1407 · Office Equipment:Dell:Dell#003 Fixed Asset **\$500.00**

1407 · Office Equipment:Dell:Dell#004 Fixed Asset **\$2,500.00**

1407 · Office Equipment:Dell:Dell#007 Fixed Asset **\$500.00**

1407 · Office Equipment:Dell:Dell#009 Fixed Asset **\$1,000.00**

1407 · Office Equipment:Dell:Dell#010 Fixed Asset **\$500.00**

1407 · Office Equipment:Dell 10 Desktops #090 Fixed Asset **\$2,500.00**

1407 · Office Equipment:HP Server Fixed Asset **\$2,500.00**

1407 · Office Equipment:IP Phone System Fixed Asset **\$3,000.00**

1407 · Office Equipment:MacBook Pro 2012-Essie Fixed Asset **\$500.00**

1407 · Office Equipment:Samsung 32" TV Fixed Asset **\$250.00**

1407 · Office Equipment:Sentry Surveillance System Fixed Asset **\$1,250.00**

1407 · Office Equipment:Vostro 3500 -CO-TPIS002 Fixed Asset **\$250.00**

1407 · Office Equipment:Vostro 3500 -ER-TPIS001 Fixed Asset **\$250.00**

1407 · Office Equipment:Vostro 3500 -JO-TPIS003 Fixed Asset **\$250.00**

1407 · Office Equipment:Vostro 3500 -JTO-TPIS004 Fixed Asset **\$250.00**

1407 · Office Equipment:140702 · All Office Furniture Fixed Asset **\$5,500.00**

All located between 2 office buildings at 5120 Oak Ave and 5131 Oak Ave. 95% of Scaffold located at various customer sites.

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1 SEE ATTACHED LIST - TRUCKS & TRAILERS | \$ | | \$ 325,580.00 |
| 47.2 | \$ | | \$ |
| 47.3 | \$ | | \$ |
| 47.4 | \$ | | \$ |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1 | \$ | | \$ |
| 48.2 | \$ | | \$ |
| 49. Aircraft and accessories | | | |
| 49.1 | \$ | | \$ |
| 49.2 | \$ | | \$ |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| SEE ATTACHED LIST - OTHER MACHINERY & EQUIPMENT | \$ | | \$ 1,241,939.00 |
| 51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. | | | \$ 1,567,519.00 |

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

TRUCKS & TRAILERS

1400 · Auto & Truck:12'X6' Utility Trailer Fixed Asset **\$500.00**

1400 · Auto & Truck:2005 16'x6' Centex Trailer-2243 Fixed Asset **\$800.00** VIN# 5RHCT1624511002243..2005 16'x6' Centex Trailer..LP#29571F

1400 · Auto & Truck:2012 Ford F-250-6473 Fixed Asset **\$18,500.00**

1400 · Auto & Truck:2013 7'x16' Enclosed Trlr-2831 Fixed Asset **\$3430.00** VIN#4YMCL1627DT012831..2013 7'x16' Enclosed Trlr..LP#070-578H

1400 · Auto & Truck:AL-1980 Gooseneck Trailer Fixed Asset **\$850.00** VIN#41793B..1980 Gooseneck Utility Trailer

1400 · Auto & Truck:AL-2004 Ford F-350 Flatbd-5040 Fixed Asset **\$3,500.00** VIN#1FDWF36P44EC65040..AL-2004 Ford F-350 Flatbed..

1400 · Auto & Truck:#10 · 2010 Ford E-350-1903 Fixed Asset **\$9,500.00** VIN#1FBNE3BL7ADA81903..2010 Ford E-350 White ..2DR STD Plate#CL9-K923 #10

1400 · Auto & Truck:#11 · 2004 Ford F-650 24'Flatbed-8668 Fixed Asset **\$12,500.00** VIN# 3FRWF65L54V588668..2004 Ford F-650 24'Flatbed White..2DR 24' LG FT BD Plate#BS70-2... #11

1400 · Auto & Truck:#12 · 2005 F-350 Crew Cab 4x4-9161 Fixed Asset **\$7,500.00** VIN#1FTWW31P15ED29161..2005 F-350 Crew Cab 4x4 White..4DR EXT LG BD Plate#BN9-0544 #12

1400 · Auto & Truck:#13 · 2008 F-450 11' Flatbed-0131 Fixed Asset **\$13,000.00** VIN#1FDXF46R88EA20131..2008 F-450 11' Flatbed White..2DR 11" SH FT BD Plate#DZX-3584 #13

1400 · Auto & Truck:#14 · 2008 F-250 Crew Cab 4x4-1875 Fixed Asset **\$6,500.00** VIN#1FTSW21R28EB81875..2008 F-250 Crew Cab 4x4 White..4DR EXT LG BD Plate#BN9-0543 #14

1400 · Auto & Truck:#17 · 2012 Ford F-250-5871 Fixed Asset **\$18,500.00** VIN#1FT7W2AT6CEC65871..2012 Ford F-250 White LP#B21-6740 #17

1400 · Auto & Truck:#18 · 2012 Ford F-250-6472 Fixed Asset **\$18,500.00** VIN#1FT7W2AT1CED06472..2012 Ford F-250 White ..4DR EXT LG BD LP#BZ1-6739 #18

1400 · Auto & Truck:#20 · AL-2006 Ford F-150 -3053 Fixed Asset **\$3,000.00** VIN#1FTRF12246NB83053..AL-2006 Ford F-150 Black..2DR STD SH BD LP#CY-1695 #20

1400 · Auto & Truck:#21 · 2010 Ford F-150 Platinum Fixed Asset **\$11,000.00** VIN#1FTFW1EV1AFB94734..2010 Ford F-150 Platinum..White 4DR EXT SH BD LP#CYV-9606 #21

1400 · Auto & Truck:#22 · 2015 Ford F-150 BSupercrew-1266 Fixed Asset **\$19,000.00** VIN# 1FTEW1CP4FKE21266..2015 Ford F-150 Supercrew Black..4DR EXT SH BD LP#GLP-8977 #22

1400 · Auto & Truck:#23 · 2015 Ford F-150 WSupercrew-6704 Fixed Asset **\$18,000.00** VIN# 1FTEW1CP0FKE36704..2015 Ford F-150 Supercrew White ..4DR EXT SH BD LP#GLP-8991 #23

1400 · Auto & Truck:#24 · 2017 Ford F450-15' FB -8885 Fixed Asset **\$48,000.00** VIN#1FDUF4GT6HDAO8885..2017 Ford F450-15' FB White..2DR LG FT BD LP#78K-2252.. #24

1400 · Auto & Truck:#25 · 2016 Ford F-150 XLT-9415 Fixed Asset **\$42,000.00** VIN#1FTEW1CG4GKF79415..2016 Ford F-150 XLT Black..4DR EXT SH BD LP#HZN-5787 #25

1400 · Auto & Truck:#26 · 2018 F-150 BSupercrew-5271 Fixed Asset **\$30,500.00** VIN# 1FTEW1CP3JKC45271..2018 F-150 BSupercrew Black..4DR EXT SH BD LP#JZY-6706 #26

1400 · Auto & Truck:#27 · 2018 F150 BSupercrew-3516 Fixed Asset **\$30,500.00** VIN#1FTEW1C5XJKC43516..2018 F150 BSupercrew Black..4DR EXT RSH BD LP#KBH-7860 #27

1400 · Auto & Truck:#5 · 1997 Ford F-450 FB-5950 Fixed Asset **\$1,500.00** VIN#1FDLF47G2VEA95950..1997 Ford F-450 White..2DR 14' LG FT BD Plate#AB7-2219 #5

1400 · Auto & Truck:#6 · AL-2006 Ford F-250-5270 Fixed Asset **\$6,000.00** VIN# 1FTSX20P76EC55270..AL-2006 Ford F-250 White..2 DR EXT LF BD Plate#04H-KY6 #6

1400 · Auto & Truck:#9 · 2001 Ford F-350 FB DRW-5026 Fixed Asset **\$1,500.00** VIN# 1FDWW36F11EC75026..2001 Ford F-350 White..4DR 10' SH FT BD Plate#AS2-4693 #9

1400 · Auto & Truck:XMAS · Christmas Trailer Fixed Asset **\$1,000.00** VIN#654214H XMAS

OTHER MACHINERY & EQUIPMENT

1401 · Scaffolding:Scaffolding-Various Fixed Asset **\$85,455.00**

1401 · Scaffolding:Scaffolding #979 Fixed Asset **\$79,028.00**

1401 · Scaffolding:Scaffolding #980 Fixed Asset **\$230,450.00**

1401 · Scaffolding:Scaffolding #981 Fixed Asset **\$4,780.00**

1401 · Scaffolding:Scaffolding #982 Fixed Asset **\$24,990.00**

1401 · Scaffolding:Scaffolding #983 Fixed Asset **\$94,387.00**

1401 · Scaffolding:Scaffolding #984 Fixed Asset **\$18,191.00**

1401 · Scaffolding:Scaffolding #985 Fixed Asset **\$7,387.00**

1401 · Scaffolding:Scaffolding #986 Fixed Asset **\$34,620.00**

1401 · Scaffolding:Scaffolding #987 Fixed Asset **\$1,350.00**

1401 · Scaffolding:Scaffolding #988 Fixed Asset **\$7,135.00**

1401 · Scaffolding:Scaffolding #989 Fixed Asset **\$20,167.00**

1401 · Scaffolding:Scaffolding #990 Fixed Asset **\$20,864.00**

1401 · Scaffolding:Scaffolding #991 Fixed Asset **\$4,240.00**

1401 · Scaffolding:Scaffolding #992 Fixed Asset **\$10,770.00**

1401 · Scaffolding:Scaffolding #993 Fixed Asset **\$22,045.00**

1401 · Scaffolding:Scaffolding #994 Fixed Asset **\$15,875.00**

1401 · Scaffolding:Scaffolding #995 Fixed Asset **\$11,880.00**

1401 · Scaffolding:Scaffolding #996 Fixed Asset **\$13,945.00**

1401 · Scaffolding:Scaffolding #997 Fixed Asset **\$21,335.00**

1401 · Scaffolding:Scaffolding #998 Fixed Asset **\$21,700.00**

1401 · Scaffolding:Scaffolding #999 Fixed Asset **\$5,280.00**

1401 · Scaffolding:Scaffolding #RORD01141 Fixed Asset **\$287,798.00**

1402 · Equipment:1-PHX-200 IB Unit Fixed Asset **\$17,650.00** Serial #10051..Model:PHX-200..

1402 · Equipment:1978 HD Propane Yard Forklift Fixed Asset **\$3000.00** S/N 4870119..Model: White

1402 · Equipment:2-PHX-200 IB Unit Fixed Asset **\$9,785.00** Serial # 10055

1402 · Equipment:2 DIB After Coolers Fixed Asset **\$2,960.00** 2 - Dry Ice Blasting After Cooler units AERO AC400, 250 PSI. \$2300.00 each

1402 · Equipment:2 Metal Rollers Fixed Asset **\$420.00**

1402 · Equipment:2005 Mitsubishi Forklift Fixed Asset **\$7,500.00**

1402 · Equipment:2009 Toyota Forklift Fixed Asset **\$8,375.00** 8FGC8U30 Serial Number

1402 · Equipment:2015 375HH Compressor Fixed Asset **\$32,500.00**

1402 · Equipment:2016 Sullair 400 Compressor Fixed Asset **\$32,750.00** 750AF-DPQ Sullair Compressor swapped for 400HHAF-DPQ CAT T4F. S/N: 201612190038

1402 · Equipment:3-PHX-200 IB Unit Fixed Asset **\$8,800.00** Serial # 10059

1402 · Equipment:33' Scaffold Yo-Yo's Fixed Asset **\$7,720.00** 50 DBI3590500 SRL-Rebel-33 FT, Galv Steel Swiveling Self-Lock Snap Hook Yo-Yo's

1402 · Equipment:60' Safety Line Kit Fixed Asset **\$1,150.00**

1402 · Equipment:600# Sand Blast Pot Fixed Asset **\$2,795.00**

1402 · Equipment:Consew Sewing Machine Fixed Asset **\$537.00**

1402 · Equipment:Dewalt 4200 Pressure Washer Fixed Asset **\$575.00**

1402 · Equipment:GE 5700 Watt Generator Fixed Asset **\$250.00**

1402 · Equipment:GENERATORS:3-8000Watt Lifan Generators Fixed Asset **\$1,250.00**

1402 · Equipment:GENERATORS:27 · kW Generator Liquid Cooled NG/L Fixed Asset **\$12,000.00** 27

1402 · Equipment:GENERATORS:48 · kW LiquidCooled NG/ LP Generato Fixed Asset **\$14,500.00** 48

1402 · Equipment:Husky 60gal Compressor Fixed Asset **\$400.00**

1402 · Equipment:Ice Machine Fixed Asset **\$1500.00** Purchase of 300# Ice machine and bin.

1402 · Equipment:Knaack Jobox-5 Gangboxes Fixed Asset **\$1000.00**

1402 · Equipment:Megger MIT400EN Fixed Asset **\$350.00**

1402 · Equipment:Metal Fab Equipment Fixed Asset **\$8,000.00**

1402 · Equipment:Metal Fab Equipment:10' x 16ga. Straight Brake Fixed Asset **\$2,500.00**

1402 · Equipment:Metal Fab Equipment:24ga. Pittsburgh Machine w/Free Fixed Asset **\$950.00**

1402 · Equipment:Metal Fab Equipment:40" X 22 Ga. Slip Roll Fixed Asset **\$350.00**

1402 · Equipment:Metal Fab Equipment:52" x 16 Ga. Foot Shear Fixed Asset **\$950.00**

1402 · Equipment:Metal Fab Equipment:Manual Hand Flanger Fixed Asset **\$350.00**

1402 · Equipment:Paint & Blast Equipment Fixed Asset **\$1,500.00**

1402 · Equipment:Shear & Table Fixed Asset **\$3,500.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-1 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-2 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-3 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-4 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-5 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-6 Fixed Asset **\$200.00**

1402 · Equipment:Stanley 3/4" Hogring Gun-7 & 8 Fixed Asset **\$400.00**

1402 · Equipment:Sullair Compressor 260 Fixed Asset **\$8,000.00**

1402 · Equipment:TWE 250 Stud Welder SN/160 Fixed Asset **\$1,000.00**

1402 · Equipment:TWE Pin Welder SN/001 Fixed Asset **\$850.00**

1402 · Equipment:TWE Pin Welder SN/035 Fixed Asset **\$950.00**

Debtor

T.P.I.S. Industrial Services, LLC
Name

Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|--|---|------------------------------------|
| 55.1 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.2 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.3 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.4 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.5 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.6 _____ | _____ | \$ _____ | _____ | \$ _____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets _____ | \$ _____ | _____ | \$ _____ |
| 61. Internet domain names and websites _____ | \$ _____ | _____ | \$ _____ |
| 62. Licenses, franchises, and royalties _____ | \$ _____ | _____ | \$ _____ |
| 63. Customer lists, mailing lists, or other compilations _____ | \$ _____ | _____ | \$ _____ |
| 64. Other intangibles, or intellectual property _____ | \$ _____ | _____ | \$ _____ |
| 65. Goodwill _____ | \$ _____ | _____ | \$ _____ |

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

T.P.I.S. Industrial Services, LLC
Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

| | | |
|-------|----------------|----------|
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

T.P.I.S. Industrial Services, LLC

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$203,393.48 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$0.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$1,209,758.84 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i> | \$27,500.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$1,567,519.00 | |
| 88. Real property. <i>Copy line 56, Part 9.</i> | → | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$3,008,171.32 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$3,008,171.32 |

Attachment 1/3
Debtor: T.P.I.S. Industrial Services, LLC Case No:

Attachment 1

Bank of Amercia
Checking (Payroll)
1386
18,820.31

Bank of Amercia
Savings
9223
210.90

Bank of Amercia
Checking (Travel Super)
4315
32.22

CB&S Bank
Checking (Executive Account)
1489
994.03

CB&S Bank
Checking (Operating Account)
1430
-1,660.49

CB&S Bank
Certificate of Deposit
9507
5,067.86

CB&S Bank
BM - Reserve Account
0986
167,272.32

Attachment 2/3

Debtor: T.P.I.S. Industrial Services, LLC

Case No:

CB&S Bank
BM - Payment Account
1471
0.00

CB&S Bank
Payroll Account
3570
1,911.64

Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

Institution: Bank of Amercia
Account Type: Savings
Last 4 Digits of Account Number: 9223
Value: \$210.90

Institution: Bank of Amercia
Account Type: Checking (Travel Super)
Last 4 Digits of Account Number: 4315
Value: \$32.22

Institution: CB&S Bank
Account Type: Checking (Executive Account)
Last 4 Digits of Account Number: 1489
Value: \$994.03

Institution: CB&S Bank
Account Type: Checking (Operating Account)
Last 4 Digits of Account Number: 1430
Value: \$-1,660.49

Institution: CB&S Bank
Account Type: Certificate of Deposit
Last 4 Digits of Account Number: 9507
Value: \$5,067.86

Institution: CB&S Bank
Account Type: BM - Reserve Account
Last 4 Digits of Account Number: 0986
Value: \$167,272.32

Attachment 3/3

Debtor: T.P.I.S. Industrial Services, LLC

Case No:

Institution: CB&S Bank

Account Type: BM - Payment Account

Last 4 Digits of Account Number: 1471

Value: \$0.00

Institution: CB&S Bank

Account Type: Payroll Account

Last 4 Digits of Account Number: 3570

Value: \$1,911.64

Fill in this information to identify the case:

Debtor name T.P.I.S. Industrial Services, LLC
 United States Bankruptcy Court for the: District of Texas Southern
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

| | | | |
|--|---|-----------------------|---------------------|
| 2.1 Creditor's name <u>A.T.J. Realty, LLC</u> Creditor's mailing address <u>3214 Lausanne Avenue</u> <u>Pasadena, TX 77505</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____ | Describe debtor's property that is subject to a lien <u>Business space lease arrears</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$83,015.00</u> | <u>\$Unknown</u> |
| 2.2 Creditor's name <u>CB&S Bank</u> Creditor's mailing address <u>P.O. Box 910</u> <u>Russellville, AL 35653</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number <u>5 8 7 0</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>See Attachment 1</u> <u>X</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$46,049.11</u> | <u>\$275,695.00</u> |
| 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. | | <u>\$2,030,792.82</u> | |

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | |
|---|--|
| 2.3 Creditor's name <u>CB&S Bank</u> Creditor's mailing address <u>P.O. 910</u> <u>Russelville, AL 35653</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number <u>2 5 1 0</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>Accounts receivable funded</u> \$ <u>1,216,836.82</u> \$ <u>Unknown</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|--|

| | |
|---|---|
| 2.4 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2018 F150 Supercrew,</u> \$ <u>43,500.00</u> \$ <u>30,500.00</u> <u>VIN#1FTEW1C5XJKC43516</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|---|

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | |
|---|---|
| 2.5 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2015 Ford F-150 Supercrew, VIN#</u> <u>1FTEW1CP4FKE21266</u> \$ <u>19,800.00</u> \$ <u>19,000.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|---|

| | |
|---|---|
| 2.6 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2015 Ford F-150 Supercrew, VIN#</u> <u>1FTEW1CP0FKE36704</u> \$ <u>20,800.00</u> \$ <u>18,000.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|---|

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | |
|---|--|
| 2.7 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2017 Ford F450-15' FB,</u> <u>VIN#1FDUF4GT6HDAO8885</u> \$ <u>63,450.00</u> \$ <u>48,000.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|--|

| | |
|---|--|
| 2.8 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2017 Ford F-150,</u> <u>VIN#1FTEW1EG7HFC20132</u> \$ <u>68,500.00</u> \$ <u>42,000.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
|---|--|

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | |
|---|---|
| 2.9 Creditor's name <u>Ford Credit</u> Creditor's mailing address <u>P.O. Box 62180, Bankruptcy Dept.</u> <u>Colorado Springs, CO 80962</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>2018 F-150 Supercrew, VIN#</u> <u>1FTEW1CP3JKC45271</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | \$ <u>42,850.00</u> \$ <u>30,500.00</u> |

| | |
|---|---|
| 2.10 Creditor's name <u>Harris County, et al (J. Dillman)</u> Creditor's mailing address <u>P.O. Box 3064</u> <u>Houston, TX 77253</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number <u>6 0 0 0</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>Property taxes</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | \$ <u>2,942.39</u> \$ <u>Unknown</u> |

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | |
|---|--|
| 2.11 Creditor's name <u>Layher, Inc.</u> Creditor's mailing address <u>8225 Hansen Road</u> <u>Houston, TX 77075</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number <u>1 1 4 1</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>1:Layher, Inc.; 2:Layher, Inc.</u> _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien <u>Scaffolding</u> \$ <u>351,442.03</u> \$ <u>287,798.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| 2.12 Creditor's name <u>Layher, Inc.</u> Creditor's mailing address <u>8225 Hansen Road</u> <u>Houston, TX 77075</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number <u>2 9 7 9</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.11</u> | Describe debtor's property that is subject to a lien <u>Scaffolding</u> \$ <u>36,607.47</u> \$ <u>79,028.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13 Creditor's name

Leaf Capital Funding, LLC

Describe debtor's property that is subject to a lien

2016 Sullair 400 Comp 750AF-DPQ swap for
400HHAF-DPQ CAT T4F, SN 201612190038

\$23,500.00

\$32,750.00

Creditor's mailing address

P.O. Box 742647

Cincinnati, OH 45274

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

2 8 0 2

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____**2.14** Creditor's name

Leaf Capital Funding, LLC

Describe debtor's property that is subject to a lien

Equipment: 1-PHX-200 IB Unit, Serial
#10051

\$11,500.00

\$17,650.00

Creditor's mailing address

P.O. Box 742647

Cincinnati, OH 45274

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

2 8 0 1

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

T.P.I.S. Industrial Services, LLC
Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|---|---|---|
| CB&S Bank 1424 6th Avenue SE Decatur, AL 35601 | Line 2. <u>3</u> | <u>2</u> <u>5</u> <u>1</u> <u>0</u> |
| Harris County, et al P.O. Box 4576 Houston, TX 77210 | Line 2. <u>10</u> | <u>6</u> <u>0</u> <u>0</u> <u>0</u> |
| Harris County, et al P.O. Box 3547 Houston, TX 77253 | Line 2. <u>10</u> | <u>6</u> <u>0</u> <u>0</u> <u>0</u> |
| Harris County, et al P.O. Box 4622 Houston, TX 77210 | Line 2. <u>10</u> | <u>6</u> <u>0</u> <u>0</u> <u>0</u> |
| Layher, Inc. P.O. Box 848511 Dallas, TX 75284 | Line 2. <u>11</u> | <u>1</u> <u>1</u> <u>4</u> <u>1</u> |
| Layher, Inc. P.O. Box 848511 Dallas, TX 75284 | Line 2. <u>12</u> | <u>2</u> <u>9</u> <u>7</u> <u>9</u> |
| Leaf Capital Funding, LLC 2005 Market Street, 14th Floor Philadelphia, PA 19103 | Line 2. <u>13</u> | <u>2</u> <u>8</u> <u>0</u> <u>2</u> |
| Leaf Capital Funding, LLC 2005 Market Street, 14th Floor Philadelphia, PA 19103 | Line 2. <u>14</u> | <u>2</u> <u>8</u> <u>0</u> <u>1</u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |
| | Line 2. <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |

Attachment

Debtor: T.P.I.S. Industrial Services, LLC

Case No:

Attachment 1

Scaffolding, Val \$230,450; 2-PHX-200 IB, SN 10055, Val \$9,785; 2 DIB After Coolers, 2 Dry Ice Blasting After Coolers AERO AC400, 250 PSI, Val \$2,960; 2015 375HH Compressor, Val \$32,500

Fill in this information to identify the case:

Debtor T.P.I.S. Industrial Services, LLC

United States Bankruptcy Court for the: District of Texas Southern

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Date or dates debt was incurred _____

Last 4 digits of account number 6 7 1 7

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$31,133.86

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Taxes and Other Government Debts

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$31,133.86\$31,133.86**2.2** Priority creditor's name and mailing address

Texas Comptroller of Public Accounts (Ofc of AG)
P.O. Box 12548
Austin, TX 78711

Date or dates debt was incurred _____

Last 4 digits of account number 7 1 7 6

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$12,656.27

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Taxes and Other Government Debts - Sale Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

\$12,656.27\$12,656.27**2.3** Priority creditor's name and mailing address

Texas Workforce Commission (Ofc of AG)
P.O. Box 12548
Austin, TX 78711

Date or dates debt was incurred _____

Last 4 digits of account number 3 4 2 0

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$28,090.91

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Taxes and Other Government Debts

Is the claim subject to offset?

- ☒ No
☐ Yes

\$28,090.91\$28,090.91

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim | |
|-----|---|---|--------------|
| 3.1 | Nonpriority creditor's name and mailing address Abrasive Products and Equipment, LLC P.O. Box 671023 Dallas, TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 8,921.63 |
| 3.2 | Nonpriority creditor's name and mailing address Aerial Access Equipment P.O. Box 677308 Dallas, TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 20,025.31 |
| 3.3 | Nonpriority creditor's name and mailing address Airgas Carbonic, Inc. (Houston) P.O. Box 951873 Dallas, TX 75395 Date or dates debt was incurred _____ Last 4 digits of account number <u>K X H 6</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 968.63 |
| 3.4 | Nonpriority creditor's name and mailing address All Around Site Services, Inc. P.O. Box 3661 Victoria, TX 77903 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 559.82 |
| 3.5 | Nonpriority creditor's name and mailing address Apollo Sign & T-Shirt 4836 Spencer Highway Pasadena, TX 77505 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 3,000.00 |
| 3.6 | Nonpriority creditor's name and mailing address AT-PAC 1606 Sens Road La Porte, TX 77571 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 6,807.56 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|---|-------------|
| 3.7 | Nonpriority creditor's name and mailing address BlueLine Rental, LLC P.O. Box 840062 Dallas, TX 75284 Date or dates debt was incurred _____ Last 4 digits of account number <u>5 0 0 2</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 2,335.40 |
| 3.8 | Nonpriority creditor's name and mailing address BrandSafway Solutions, LLC P.O. Box 91473 Chicago, IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,360.08 |
| 3.9 | Nonpriority creditor's name and mailing address Carboline Company P.O. Box 931942 Cleveland, OH 41193 Date or dates debt was incurred _____ Last 4 digits of account number <u>5 0 0 0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 7,298.99 |
| 3.10 | Nonpriority creditor's name and mailing address Cintas Corporation P.O. Box 15126 Houston, TX 77220 Date or dates debt was incurred _____ Last 4 digits of account number <u>6 6 8 2</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,799.52 |
| 3.11 | Nonpriority creditor's name and mailing address Clean Coast Technologies, Inc. 1041 Thomas Avenue Pasadena, TX 77506 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,008.08 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|---|--------------|
| 3.12 | Nonpriority creditor's name and mailing address Daily Equipment Company P.O. Box 98209 Jackson, MS 39298 Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>5</u> <u>8</u> <u>9</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 201.31 |
| 3.13 | Nonpriority creditor's name and mailing address Deer Park Lumber P.O. Box 430 Deer Park, TX 77536 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>9</u> <u>4</u> <u>0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 2,584.42 |
| 3.14 | Nonpriority creditor's name and mailing address Distribution International P.O. Box 972531 Dallas, TX 75397 Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>4</u> <u>4</u> <u>7</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 37,614.12 |
| 3.15 | Nonpriority creditor's name and mailing address Fastenal Company P.O. Box 1286 Winona, MN 55987 Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>8</u> <u>3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,223.46 |
| 3.16 | Nonpriority creditor's name and mailing address Foundation Building Materials, LLC P.O. Box 744398 Atlanta, GA 30374 Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>7</u> <u>4</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 7,874.06 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|---|---------------|
| 3.17 | Nonpriority creditor's name and mailing address <u>General Insulation Company, Inc. (TX)</u> <u>P.O. Box 636959</u> <u>Cincinnati, OH 45263</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>4 8 5 3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 79,236.90 |
| 3.18 | Nonpriority creditor's name and mailing address <u>Gerard Daniel Worldwide</u> <u>P.O. Box 62869</u> <u>Baltimore, MD 21264</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 13,062.80 |
| 3.19 | Nonpriority creditor's name and mailing address <u>Gladden Sales, Inc.</u> <u>1844 Ryder Drive</u> <u>Baton Rouge, LA 70808</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7 2 0 0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 291.61 |
| 3.20 | Nonpriority creditor's name and mailing address <u>Grainger</u> <u>P.O. Box 419267, Dept. 869406256</u> <u>Kansas City, MO 64141</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6 2 5 6</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 107.17 |
| 3.21 | Nonpriority creditor's name and mailing address <u>Juan & Esmeralda Ocampo</u> <u>3214 Lausanne Avenue</u> <u>Pasadena, TX 77505</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 218,824.93 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|---|--|-------------|
| 3.22 | Nonpriority creditor's name and mailing address Medsafe P.O. Box 1929 Marshall, TX 75671 Date or dates debt was incurred _____ Last 4 digits of account number <u>0 5 9 8</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 459.33 |
| 3.23 | Nonpriority creditor's name and mailing address Mister Hotshot, LLC P.O. Box 818 Friendswood, TX 77549 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,083.00 |
| 3.24 | Nonpriority creditor's name and mailing address Mobile Modular - Portable Storage P.O. Box 45043 San Francisco, CA 94145 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ Unknown |
| 3.25 | Nonpriority creditor's name and mailing address Orr Safety Corporation 1266 Reliable Parkway Chicago, IL 60686 Date or dates debt was incurred _____ Last 4 digits of account number <u>1 3 2 5</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 160.76 |
| 3.26 | Nonpriority creditor's name and mailing address Pinkerton Consulting & Investigations, Inc. P.O. Box 741398 Atlanta, GA 30384 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 4,346.70 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|--|-------------|
| 3.27 | Nonpriority creditor's name and mailing address PPG Architectural Finishes P.O. Box 676340 Dallas, TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number <u>0 0 0 0</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 644.16 |
| 3.28 | Nonpriority creditor's name and mailing address Pro-Tect Services, Inc. P.O. Box 719 Conroe, TX 77305 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,100.96 |
| 3.29 | Nonpriority creditor's name and mailing address RedGuard, LLC P.O. Box 733895 Dallas, TX 75391 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 4,936.20 |
| 3.30 | Nonpriority creditor's name and mailing address Sherwin-Williams Company 10132 Buxton Houston, TX 77017 Date or dates debt was incurred _____ Last 4 digits of account number <u>6 8 3 9</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 3,182.47 |
| 3.31 | Nonpriority creditor's name and mailing address STVA Frame Scaffolding P.O. Box 690725 Houston, TX 77269 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 484.96 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|---|-------------|
| 3.32 | Nonpriority creditor's name and mailing address Sullair of Houston 8640 Panair Houston, TX 77061 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 579.27 |
| 3.33 | Nonpriority creditor's name and mailing address Sunbelt Rentals P.O. Box 409211 Atlanta, GA 30384 Date or dates debt was incurred _____ Last 4 digits of account number 1 2 2 0 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,419.87 |
| 3.34 | Nonpriority creditor's name and mailing address Thermon Heat Tracing Services-I, Inc. P.O. Box 910225 Dallas, TX 75391 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 4,019.12 |
| 3.35 | Nonpriority creditor's name and mailing address Total Quality Logistics, LLC P.O. Box 634558 Cincinnati, OH 45263 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,668.00 |
| 3.36 | Nonpriority creditor's name and mailing address T-Tex P.O. Box 751267 Houston, TX 77275 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 5,597.91 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------|--|--|-------------|
| 3.37 | Nonpriority creditor's name and mailing address Waste Management, Inc. - Pasadena P.O. Box 660345 Dallas, TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 6,593.10 |
| 3.38 | Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |
| 3.39 | Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |
| 3.40 | Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |
| 3.41 | Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--|--|---|
| 4.1. IRS-Special Procedures, Sect II 1919 Smith Street, Stop 5025HOU Houston, TX 77002 | Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____ | <u>6</u> <u>7</u> <u>1</u> <u>7</u> |
| 4.2. IRS-U.S. Attorney 1000 Louisiana Street, Suite 2300 Houston, TX 77002 | Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____ | <u>6</u> <u>7</u> <u>1</u> <u>7</u> |
| 4.3. IRS-US Atty Gen 10th & Constitution, N.W. Washington, DC 20530 | Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____ | <u>6</u> <u>7</u> <u>1</u> <u>7</u> |
| 4.4. Texas Comptroller of Public Accounts P.O. Box 13528, Capitol Station Austin, TX 78711 | Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____ | <u>7</u> <u>1</u> <u>7</u> <u>6</u> |
| 4.5. Texas Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774 | Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____ | <u>7</u> <u>1</u> <u>7</u> <u>6</u> |
| 4.6. Texas Workforce Commission 101 E. 15th Street, Room 556 Austin, TX 78778 | Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____ | <u>3</u> <u>4</u> <u>2</u> <u>0</u> |
| 4.7. Texas Workforce Commission 4111 Fairmont Parkway, Suite 104B Pasadena, TX 77504 | Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____ | <u>3</u> <u>4</u> <u>2</u> <u>0</u> |
| 4.8. Texas Workforce Commission P.O. Box 149037 Austin, TX 78714 | Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____ | <u>3</u> <u>4</u> <u>2</u> <u>0</u> |
| 4.9. Blueline Rental, LLC 8401 New Trails Drive, Suite 150 The Woodlands, TX 77381 | Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____ | <u>5</u> <u>0</u> <u>0</u> <u>2</u> |
| 4.10. BrandSafway Solutions, LLC 1325 Cobb International Drive, Suite A-1 Kennesaw, GA 30152 | Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____ | — — — — |
| 4.11. Grainger Dept. 869406256 Palatine, IL 60038 | Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____ | <u>6</u> <u>2</u> <u>5</u> <u>6</u> |
| 4.12. Thermon Heat Tracing Services-I, Inc. P.O. Box 910119 Dallas, TX 75391 | Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain _____ | — — — — |

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--|--|---|
| 4.13 Total Quality Logistics, LLC P.O. Box 799 Milford, OH 45150 | Line 3.35 <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.14 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.15 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.16 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.17 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.18 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.19 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.20 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.21 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.22 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.23 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.24 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.25 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.26 _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

| | | |
|---|-------|---------------|
| 5a. Total claims from Part 1 | 5a. | \$ 71,881.04 |
| 5b. Total claims from Part 2 | 5b. + | \$ 451,381.61 |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | 5c. | \$ 523,262.65 |

Fill in this information to identify the case:Debtor name T.P.I.S. Industrial Services, LLCUnited States Bankruptcy Court for the: District of Texas SouthernCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

| | | | |
|-----|---|---|---|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | <u>Lease of business space to Debtor at</u> <u>5210 Oak Avenue, Pasadena, TX 77503</u> | <u>A.T.J. Realty, LLC</u> <u>3214 Lausanne Avenue</u> |
| | State the term remaining | _____ | <u>Pasadena</u> <u>TX</u> <u>77505</u> |
| | List the contract number of any government contract | _____ | _____ |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | <u>Lease of business space to Debtor at</u> <u>See Attachment 1</u> | <u>A.T.J. Realty, LLC</u> <u>3214 Lausanne Avenue</u> |
| | State the term remaining | _____ | <u>Pasadena</u> <u>TX</u> <u>77505</u> |
| | List the contract number of any government contract | _____ | _____ |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | <u>Lease of business space to Debtor at</u> <u>See Attachment 2</u> | <u>Decatur Morgan County Entrepreneurial Center, Inc.</u> <u>1629 4th Avenue, SE</u> |
| | State the term remaining | _____ | <u>Decatur</u> <u>AL</u> <u>35601</u> |
| | List the contract number of any government contract | _____ | _____ |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |

Attachment

Debtor: T.P.I.S. Industrial Services, LLC

Case No:

Attachment 1

5121 (A&B) Oak Avenue, Pasadena, TX 77503

Attachment 2

1629 4th Avenue, SE, Suite 139, Decatur, AL 35601

Fill in this information to identify the case:Debtor name T.P.I.S. Industrial Services, LLCUnited States Bankruptcy Court for the: District of Texas Southern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | | | Column 2: Creditor | |
|-------------------------------|---|--|--|----------------------|---|
| Name | Mailing address | | | Name | Check all schedules that apply: |
| 2.1 <u>A.T.J. Realty, LLC</u> | <u>P.O. Box 7700</u> Street <u>Pasadena</u> <u>TX</u> <u>77508</u> City State ZIP Code | | | <u>CB&S Bank</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 <u>Juan F. Ocampo</u> | <u>P.O. Box 7700</u> Street <u>Pasadena</u> <u>TX</u> <u>77508</u> City State ZIP Code | | | <u>CB&S Bank</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 <u>Esmeralda A. Ocamp</u> | <u>P.O. Box 7700</u> Street <u>Pasadena</u> <u>TX</u> <u>77508</u> City State ZIP Code | | | <u>CB&S Bank</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 _____ | _____ Street _____ _____ City State ZIP Code | | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.5 _____ | _____ Street _____ _____ City State ZIP Code | | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 _____ | _____ Street _____ _____ City State ZIP Code | | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case and this filing:

Debtor Name T.P.I.S. Industrial Services, LLC

United States Bankruptcy Court for the: District Of Texas Southern

Case number (If known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/02/2018
MM / DD / YYYY

X s/Juan F. Ocampo
Signature of individual signing on behalf of debtor

Juan F. Ocampo
Printed name

President
Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF TEXAS SOUTHERN**

In Re:

T.P.I.S. Industrial Services, LLC,
Debtor

Case No.

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

| Security Holder's Registered Name and Last Known Address or Place of Business | Class of Security | Number of Securities or Percentage | Kind of Interest |
|---|-------------------|------------------------------------|------------------|
| Juan F. Ocampo P.O. Box 7700 Pasadena, TX 77508 | Common | 50% ownership | Shareholder |
| Esmeralda A. Ocampo P.O. Box 7700 Pasadena, TX 77508 | Common | 50% ownership | Shareholder |

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION
OR PARTNERSHIP**

I, Juan F. Ocampo, President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing **List of Equity Security Holders** and that it is true and correct to the best of my information and belief.

Date: April 2, 2018

Signature: s/Juan F. Ocampo
Printed Name: Juan F. Ocampo
Title: President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Fill in this information to identify the case:

Debtor name T.P.I.S. Industrial Services, LLC

United States Bankruptcy Court for the: District of Texas Southern

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

| Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year | Sources of revenue Check all that apply | Gross revenue (before deductions and exclusions) |
|---|--|---|
| From the beginning of the fiscal year to filing date: From <u>01/01/2018</u> to <u>Filing date</u> MM / DD / YYYY | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$ <u>1,552,984.98</u> |
| For prior year: From <u>01/01/2017</u> to <u>12/31/2017</u> MM / DD / YYYY | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$ <u>6,913,119.63</u> |
| For the year before that: From <u>01/01/2016</u> to <u>12/31/2016</u> MM / DD / YYYY | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$ <u>5,394,581.00</u> |

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

| | Description of sources of revenue | Gross revenue from each source (before deductions and exclusions) |
|---|-----------------------------------|--|
| From the beginning of the fiscal year to filing date: From _____ to <u>Filing date</u> MM / DD / YYYY | _____ | \$ _____ |
| For prior year: From _____ to _____ MM / DD / YYYY | _____ | \$ _____ |
| For the year before that: From _____ to _____ MM / DD / YYYY | _____ | \$ _____ |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|---|
| 3.1. "T" Industrial, LLC Creditor's name Street City State ZIP Code | | \$ 8,791.70 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.2. Abrasive Products and Equipment, LLC Creditor's name P.O. Box 671023 Street Dallas TX 75267 City State ZIP Code | | \$ 9,557.71 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

See Attachment 1

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|---|-------|-----------------------|---------------------------------|
| 4.1. Insider's name Street City State ZIP Code | | \$ _____ | |
| Relationship to debtor | | | |
| 4.2. Insider's name Street City State ZIP Code | | \$ _____ | |
| Relationship to debtor | | | |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| | Creditor's name and address | Description of the property | Date | Value of property |
|------|--|-----------------------------|------|-------------------|
| 5.1. | Creditor's name Street City State ZIP Code | | | \$ _____ |
| 5.1. | Creditor's name Street City State ZIP Code | | | \$ _____ |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|--|---|-----------------------|----------|
| Creditor's name Street City State ZIP Code | | | \$ _____ |
| Last 4 digits of account number: XXXX- ____ | | | |

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|-------------|----------------|---|--|
| 7.1. | | Name Street City State ZIP Code | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | | | |
| 7.2. | | Court or agency's name and address Name Street City State ZIP Code | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case title | | | |
| Case number | | | |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

| Custodian's name and address | Description of the property | Value |
|------------------------------|------------------------------------|-------------------------------|
| Custodian's name | | \$ _____ |
| Street | Case title | Court name and address |
| City State ZIP Code | Case number | Name |
| | | Street |
| | Date of order or assignment | City State ZIP Code |

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|---|---|-------------|----------|
| 9.1. Recipient's name | | | \$ _____ |
| Street | | | |
| City State ZIP Code | | | |
| Recipient's relationship to debtor | | | |
| 9.2. Recipient's name | | | \$ _____ |
| Street | | | |
| City State ZIP Code | | | |
| Recipient's relationship to debtor | | | |

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Date of loss | Value of property lost |
|--|---|--------------|------------------------|
| | | | \$ _____ |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|-------|--|---|-------------|-----------------------|
| 11.1. | Margaret M. McClure Address Attorney at Law Street 909 Fannin, Suite 3810 Houston TX 77010 City State ZIP Code Email or website address Who made the payment, if not debtor? | \$5,000 balance due | 3-22,30, 18 | \$ 20,000.00 |
| 11.2. | Address Street City State ZIP Code Email or website address Who made the payment, if not debtor? | | | \$ _____ |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
| | | | \$ _____ |
| Trustee | | | |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|--|--|------------------------|-----------------------|
| 13.1. _____ Address _____ Street _____ City State ZIP Code | _____ _____ | _____ | \$ _____ |
| Relationship to debtor _____ | | | |
| 13.2. _____ Address _____ Street _____ City State ZIP Code | _____ _____ | _____ | \$ _____ |
| Relationship to debtor _____ | | | |

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy | |
|---|--------------------|-------|
| | From | To |
| 14.1. _____ Street _____ City State ZIP Code | _____ | _____ |
| 14.2. _____ Street _____ City State ZIP Code | _____ | _____ |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Part 8: Healthcare Bankruptcies**15. Healthcare bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name _____

Street _____

City _____

State _____

ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.2.

Facility name _____

Street _____

City _____

State _____

ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan**Employer identification number of the plan**

EIN: ____ - ____ - ____ - ____ - ____

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

| | Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|---|---------------------------------|--|--|---|
| 18.1. | <div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div> | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| 18.2. | <div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div> | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------------|---|
| <div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div> | <div>_____</div> <div>_____</div> | <div>_____</div> <div>_____</div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <div>Address</div> <div>_____</div> <div>_____</div> | | | |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------------|---|
| <div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div> | <div>_____</div> <div>_____</div> | <div>_____</div> <div>_____</div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <div>Address</div> <div>_____</div> <div>_____</div> | | | |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

| Owner's name and address | Location of the property | Description of the property | Value |
|--------------------------|--------------------------|-----------------------------|----------|
| Name | | | \$ _____ |
| Street | | | |
| City State ZIP Code | | | |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☒ No

☐ Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| Case number | Name | | <input type="checkbox"/> Pending |
| | Street | | <input type="checkbox"/> On appeal |
| | City State ZIP Code | | <input type="checkbox"/> Concluded |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| City State ZIP Code | City State ZIP Code | | |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|---------------------------------------|---------------------------------------|-----------------------------|----------------|
| Name _____ | Name _____ | _____ | _____ |
| Street _____ | Street _____ | _____ | |
| _____ | _____ | | |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ | | |

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

| | Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|-------|---|---|---|
| 25.1. | <u>T.P.I.S. Industrial Services, LLC</u> Name <u>P.O. Box 7700</u> Street <u>Pasadena TX 77508</u> City State ZIP Code | <u>Scaffold E&D, Insulation and Paint & Blast</u> _____ _____ | EIN: <u>2</u> <u>0</u> - <u>1</u> <u>6</u> <u>2</u> <u>6</u> <u>7</u> <u>1</u> <u>7</u> Dates business existed From <u>9/10/2004</u> To _____ |
| 25.2. | _____ Name _____ Street _____ City State ZIP Code | _____ _____ _____ | EIN: _____ - _____ Dates business existed From _____ To _____ |
| 25.3. | _____ Name _____ Street _____ City State ZIP Code | _____ _____ _____ | EIN: _____ - _____ Dates business existed From _____ To _____ |

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**

26a.1. Juan F. Ocampo
Name
P.O. Box 7700
Street

Pasadena TX 77508
City State ZIP Code

From 11/12/2001 To _____**Name and address****Dates of service**

26a.2. Mosher, Seifert & Co., CPA's (Present)
Name
4701 Preston
Street

Pasadena TX 77505
City State ZIP Code

From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None**Name and address****Dates of service**

26b.1. _____
Name

Street

City State ZIP Code

From _____ To _____

Name and address**Dates of service**

26b.2. _____
Name

Street

City State ZIP Code

From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Juan F. Ocampo
Name
P.O. Box 7700
Street

Pasadena TX 77508
City State ZIP Code

Debtor T.P.I.S. Industrial Services, LLC Case number (if known) _____
 Name

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.2.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor T.P.I.S. Industrial Services, LLC
Name

Case number (if known) _____

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|---------------------|-----------------------------------|-------------------------------------|-----------------------|
| Juan F. Ocampo | P.O. Box 7700, Pasadena, TX 77508 | President - Shareholder | 50 |
| Esmeralda A. Ocampo | P.O. Box 7700, Pasadena, TX 77508 | Vice President - Shareholder | 50 |
| | | | |
| | | | |
| | | | |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|------|---------|-------------------------------------|---|
| | | | From ____ To ____ |
| | | | From ____ To ____ |
| | | | From ____ To ____ |
| | | | From ____ To ____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|--|--|---------------------------------|--------------------------------|
| 30.1. <u>Juan F. Ocampo</u> Name <u>P.O. Box 7700</u> Street <u>Pasadena</u> <u>TX</u> <u>77508</u> City State ZIP Code | <u>\$181,609.19</u> | <u>Prev 12</u> <u>months</u> | <u>Pay</u> |
| Relationship to debtor <u>President</u> | | | |

Debtor T.P.I.S. Industrial Services, LLC Case number (if known) _____
 Name

Name and address of recipient

\$168,128.16 Prev 12 Pay

Esmeralda A. Ocampo

Name

months

P.O. Box 7700

Street

Pasadena

TX

77508

City

State

ZIP Code

Relationship to debtor

Vice President

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/02/2018
 MM / DD / YYYY

X

s/Juan F. Ocampo

Printed name Juan F. Ocampo

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☐ Yes

Attachment

Debtor: T.P.I.S. Industrial Services, LLC

Case No:

Attachment 1 Additional Payments or Transfers to Creditors:

Creditor's Name: Aerial Access Equipment

Creditor's Address: P.O. Box 677308, Dallas, TX 75267

Creditor's Name: Carboline Company

Creditor's Address: P.O. Box 931942, Cleveland, OH 41193

Creditor's Name: FIRST Insurance Funding Corp.

Creditor's Name: General Insulation Company, Inc. (TX)

Creditor's Address: P.O. Box 636959, Cincinnati, OH 45263

Creditor's Name: Liberty Mutual Insurance

Creditor's Name: American Express, Acct. ...2006

Creditor's Name: CB&S Bank

Creditor's Address: P.O. 910, Russellville, AL 35653

Creditor's Name: Wright Express, Acct. ...2291

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
DISTRICT OF TEXAS SOUTHERN
HOUSTON DIVISION

In re**T.P.I.S. Industrial Services, LLC**

Case No. _____

DebtorChapter **11** _____**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **25,000.00**Prior to the filing of this statement I have received \$ **20,000.00**Balance Due \$ **5,000.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

\$5,000 balance due

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 2, 2018

Date

s/Margaret M. McClure

Signature of Attorney

Law Office of Margaret M. McClure

Name of law firm

T.P.I.S. Industrial Services, LLC
5121 Oak Avenue
Pasadena, TX 77503

A.T.J. Realty, LLC
3214 Lausanne Avenue
Pasadena, TX 77505

Abrasive Products and Equipment, LLC
P.O. Box 671023
Dallas, TX 75267

Aerial Access Equipment
P.O. Box 677308
Dallas, TX 75267

Airgas Carbonic, Inc. (Houston)
P.O. Box 951873
Dallas, TX 75395

All Around Site Services, Inc.
P.O. Box 3661
Victoria, TX 77903

Apollo Sign & T-Shirt
4836 Spencer Highway
Pasadena, TX 77505

AT-PAC
1606 Sens Road
La Porte, TX 77571

Blueline Rental, LLC
P.O. Box 840062
Dallas, TX 75284

Blueline Rental, LLC
8401 New Trails Drive, Suite 150
The Woodlands, TX 77381

BrandSafway Solutions, LLC
P.O. Box 91473
Chicago, IL 60693

BrandSafway Solutions, LLC
1325 Cobb International Drive, Suite A-1
Kennesaw, GA 30152

Carboline Company
P.O. Box 931942
Cleveland, OH 41193

CB&S Bank
P.O. 910
Russelville, AL 35653

CB&S Bank
P.O. Box 910
Russellville, AL 35653

CB&S Bank
1424 6th Avenue SE
Decatur, AL 35601

Cintas Corporation
P.O. Box 15126
Houston, TX 77220

Clean Coast Technologies, Inc.
1041 Thomas Avenue
Pasadena, TX 77506

Daily Equipment Company
P.O. Box 98209
Jackson, MS 39298

Deer Park Lumber
P.O. Box 430
Deer Park, TX 77536

Distribution International
P.O. Box 972531
Dallas, TX 75397

Fastenal Company
P.O. Box 1286
Winona, MN 55987

Ford Credit
P.O. Box 62180, Bankruptcy Dept.
Colorado Springs, CO 80962

Foundation Building Materials, LLC
P.O. Box 744398
Atlanta, GA 30374

General Insulation Company, Inc. (TX)
P.O. Box 636959
Cincinnati, OH 45263

Gerard Daniel Worldwide
P.O. Box 62869
Baltimore, MD 21264

Gladden Sales, Inc.
1844 Ryder Drive
Baton Rouge, LA 70808

Grainger
P.O. Box 419267, Dept. 869406256
Kansas City, MO 64141

Grainger
Dept. 869406256
Palatine, IL 60038

Harris County, et al
P.O. Box 4622
Houston, TX 77210

Harris County, et al
P.O. Box 4576
Houston, TX 77210

Harris County, et al
P.O. Box 3547
Houston, TX 77253

Harris County, et al (J. Dillman)
P.O. Box 3064
Houston, TX 77253

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

IRS-Special Procedures, Sect II
1919 Smith Street, Stop 5025HOU
Houston, TX 77002

IRS-U.S. Attorney
1000 Louisiana Street, Suite 2300
Houston, TX 77002

IRS-US Atty Gen
10th & Constitution, N.W.
Washington, DC 20530

Juan & Esmeralda Ocampo
3214 Lausanne Avenue
Pasadena, TX 77505

Layher, Inc.
8225 Hansen Road
Houston, TX 77075

Layher, Inc.
P.O. Box 848511
Dallas, TX 75284

Leaf Capital Funding, LLC
P.O. Box 742647
Cincinnati, OH 45274

Leaf Capital Funding, LLC
2005 Market Street, 14th Floor
Philadelphia, PA 19103

Medsafe
P.O. Box 1929
Marshall, TX 75671

Mister Hotshot, LLC
P.O. Box 818
Friendswood, TX 77549

Mobile Modular - Portable Storage
P.O. Box 45043
San Francisco, CA 94145

Orr Safety Corporation
1266 Reliable Parkway
Chicago, IL 60686

Pinkerton Consulting & Investigations, Inc.
P.O. Box 741398
Atlanta, GA 30384

PPG Architectural Finishes
P.O. Box 676340
Dallas, TX 75267

Pro-Tect Services, Inc.
P.O. Box 719
Conroe, TX 77305

RedGuard, LLC
P.O. Box 733895
Dallas, TX 75391

Sherwin-Williams Company
10132 Buxton
Houston, TX 77017

STVA Frame Scaffolding
P.O. Box 690725
Houston, TX 77269

Sullair of Houston
8640 Panair
Houston, TX 77061

Sunbelt Rentals
P.O. Box 409211
Atlanta, GA 30384

Texas Comptroller of Public Accounts
111 E. 17th Street
Austin, TX 78774

Texas Comptroller of Public Accounts
P.O. Box 13528, Capitol Station
Austin, TX 78711

Texas Comptroller of Public Accounts (Ofc of AG)
P.O. Box 12548
Austin, TX 78711

Texas Workforce Commission
P.O. Box 149037
Austin, TX 78714

Texas Workforce Commission
101 E. 15th Street, Room 556
Austin, TX 78778

Texas Workforce Commission
4111 Fairmont Parkway, Suite 104B
Pasadena, TX 77504

Texas Workforce Commission (Ofc of AG)
P.O. Box 12548
Austin, TX 78711

Thermon Heat Tracing Services-I, Inc.
P.O. Box 910225
Dallas, TX 75391

Thermon Heat Tracing Services-I, Inc.
P.O. Box 910119
Dallas, TX 75391

Total Quality Logistics, LLC
P.O. Box 634558
Cincinnati, OH 45263

Total Quality Logistics, LLC
P.O. Box 799
Milford, OH 45150

T-Tex
P.O. Box 751267
Houston, TX 77275

Waste Management, Inc. - Pasadena
P.O. Box 660345
Dallas, TX 75266

UNITED STATES BANKRUPTCY COURT
District of Texas Southern
Houston Division

In re: **T.P.I.S. Industrial Services, LLC**

Debtors

Case No. _____

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **April 2, 2018**

Signed: **s/Juan F. Ocampo**

Dated: _____

Signed: _____